

STATE

FILE

NUMBER

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION

DISTRICT AND

NUMBER

7097

CERTIFICATE NUMBER

1a. NAME OF DECEASED—FIRST NAME <b>Jim</b>	1b. MIDDLE NAME <b>Caroll</b>	1c. LAST NAME <b>Mageors</b>	2a. DATE OF DEATH—MONTH, DAY, YEAR <b>May 26, 1960</b>	2b. HOUR <b>9:35A M</b>
3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Tennessee</b>	7. AGE (LAST BIRTHDAY) <b>81</b>	IF UNDER 1 YEAR AGE <b>11</b>
8. NAME AND BIRTHPLACE OF FATHER <b>George Mageors Tenn.</b>	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Tennessee</b>	10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	11. SOCIAL SECURITY NUMBER	
12. LAST OCCUPATION <b>Blacksmith</b>	13. NUMBER OF YEARS IN THIS OCCUPATION <b>Married</b>	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF ANY) <b>Veterans Administration Hospital</b>	15. KIND OF INDUSTRY OR BUSINESS	
16. IF DECEASED WAS EVER IN U.S. ARMED FORCES GIVE WAR OR DATES OF SERVICE <b>SAW</b>	17. SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED <b>Married</b>	18a. NAME OF PRESENT SPOUSE <b>Lillie Mageors</b>	18b. PRESENT OR LAST OCCUPATION OF SPOUSE <b>Housewife</b>	
19a. PLACE OF DEATH—NAME OF HOSPITAL <b>Veterans Administration Hospital</b>	19b. CITY OR TOWN <b>Bellflower</b>	19c. COUNTY <b>Los Angeles</b>	19e. LENGTH OF STAY IN COUNTY OF DEATH <b>1</b>	19f. LENGTH OF STAY IN CALIFORNIA <b>1</b>
20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS) <b>930 Lime Avenue</b>	20b. IF INSIDE CITY CHECK HERE CORPORATE LIMITS <input type="checkbox"/> CHECK HERE <input type="checkbox"/> NOT ON A FARM	20c. CITY OR TOWN <b>Long Beach</b>	20d. COUNTY <b>Los Angeles</b>	20e. STATE <b>California</b>
20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS) <b>930 Lime Avenue</b>	20b. IF INSIDE CITY CHECK HERE CORPORATE LIMITS <input type="checkbox"/> CHECK HERE <input type="checkbox"/> NOT ON A FARM	20c. CITY OR TOWN <b>Long Beach</b>	20d. COUNTY <b>Los Angeles</b>	20e. STATE <b>California</b>
21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE) <b>Lillie Mageors (wife)</b>	21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF INFORMANT) <b>4522 Dearly Dr. Dallas, Texas</b>	22. PHYSICIAN OR CORONER—SIGNATURE <b>/S/ W. H. Barris, M.D.</b>	22e. DATE SIGNED <b>5-26-60</b>	DEGREE OR TITLE <b>M.D.</b>
23. SPECIAL BURIAL ENTOMBMENT <b>Burial</b>	24. DATE <b>5-26-60</b>	25. NAME OF CEMETERY OR CREMATORY <b>Dallas, Texas</b>	26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER	
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mottells Peek Mortuaries</b>	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>5-26-60</b>	29. LOCAL REGISTRAR—SIGNATURE <b>VA Hosp., Long Beach, Calif.</b>	29. LOCAL REGISTRAR—SIGNATURE	
30. CAUSE OF DEATH IMMEDIATE CAUSE (A) <b>Multiple myeloma</b>	PART I: DEATH WAS CAUSED BY CONDITIONS, IF ANY, WHICH CAUSE ABOVE CAUSE UNDERLYING CAUSE LAST DUE TO (B) DUE TO (C)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Mos.</b>	ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)
31. OPERATION—CHECK ONE: <input checked="" type="checkbox"/> NO OPERATION PERFORMED <input type="checkbox"/> OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH <input type="checkbox"/> OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	32. DATE OF OPERATION <b>5-26-60</b>		33. AUTOPSY—CHECK ONE: <input type="checkbox"/> NO AUTOPSY PERFORMED <input checked="" type="checkbox"/> AUTOPSY PERFORMED	
34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE <b>Multiple myeloma</b>	34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE <b>Multiple myeloma</b>			
35a. TIME OF INJURY <b>10:00 AM</b>	35b. PLACE OF INJURY <b>Multiple myeloma</b>	35c. CITY, TOWN, OR LOCATION <b>Dallas, Texas</b>	35d. CITY, TOWN, OR LOCATION	35e. STATE

MEDICAL AND HEALTH DATA

31. OPERATION—CHECK ONE:  
 NO OPERATION PERFORMED  
 OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH  
 OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

32. DATE OF OPERATION  
**5-26-60**

33. AUTOPSY—CHECK ONE:  
 NO AUTOPSY PERFORMED  
 AUTOPSY PERFORMED

34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  
**Multiple myeloma**

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  
**Multiple myeloma**

35a. TIME OF INJURY  
**10:00 AM**

35b. PLACE OF INJURY  
**Multiple myeloma**

35c. CITY, TOWN, OR LOCATION  
**Dallas, Texas**

35d. CITY, TOWN, OR LOCATION

35e. STATE

31. OPERATION—CHECK ONE:  
 NO OPERATION PERFORMED  
 OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH  
 OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

32. DATE OF OPERATION  
**5-26-60**

33. AUTOPSY—CHECK ONE:  
 NO AUTOPSY PERFORMED  
 AUTOPSY PERFORMED

34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  
**Multiple myeloma**

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  
**Multiple myeloma**

35a. TIME OF INJURY  
**10:00 AM**

35b. PLACE OF INJURY  
**Multiple myeloma**

35c. CITY, TOWN, OR LOCATION  
**Dallas, Texas**

35d. CITY, TOWN, OR LOCATION

35e. STATE

31. OPERATION—CHECK ONE:  
 NO OPERATION PERFORMED  
 OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH  
 OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

32. DATE OF OPERATION  
**5-26-60**

33. AUTOPSY—CHECK ONE:  
 NO AUTOPSY PERFORMED  
 AUTOPSY PERFORMED

34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  
**Multiple myeloma**

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  
**Multiple myeloma**

35a. TIME OF INJURY  
**10:00 AM**

35b. PLACE OF INJURY  
**Multiple myeloma**

35c. CITY, TOWN, OR LOCATION  
**Dallas, Texas**

35d. CITY, TOWN, OR LOCATION

35e. STATE

31. OPERATION—CHECK ONE:  
 NO OPERATION PERFORMED  
 OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH  
 OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

32. DATE OF OPERATION  
**5-26-60**

33. AUTOPSY—CHECK ONE:  
 NO AUTOPSY PERFORMED  
 AUTOPSY PERFORMED

34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  
**Multiple myeloma**

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  
**Multiple myeloma**

35a. TIME OF INJURY  
**10:00 AM**

35b. PLACE OF INJURY  
**Multiple myeloma**

35c. CITY, TOWN, OR LOCATION  
**Dallas, Texas**

35d. CITY, TOWN, OR LOCATION

35e. STATE

31. OPERATION—CHECK ONE:  
 NO OPERATION PERFORMED  
 OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH  
 OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

32. DATE OF OPERATION  
**5-26-60**

33. AUTOPSY—CHECK ONE:  
 NO AUTOPSY PERFORMED  
 AUTOPSY PERFORMED

34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  
**Multiple myeloma**

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  
**Multiple myeloma**

35a. TIME OF INJURY  
**10:00 AM**

35b. PLACE OF INJURY  
**Multiple myeloma**

35c. CITY, TOWN, OR LOCATION  
**Dallas, Texas**

35d. CITY, TOWN, OR LOCATION

35e. STATE

31. OPERATION—CHECK ONE:  
 NO OPERATION PERFORMED  
 OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH  
 OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

32. DATE OF OPERATION  
**5-26-60**

33. AUTOPSY—CHECK ONE:  
 NO AUTOPSY PERFORMED  
 AUTOPSY PERFORMED

34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  
**Multiple myeloma**

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE  
**Multiple myeloma**

35a. TIME OF INJURY  
**10:00 AM**

35b. PLACE OF INJURY  
**Multiple myeloma**

35c. CITY, TOWN, OR LOCATION  
**Dallas, Texas**

35d. CITY, TOWN, OR LOCATION

35e. STATE